

NON-CUSTODIAL PARENT REQUEST FOR ADMINISTRATIVE REVIEW

NAME: _____

ADDRESS: _____

ATLAS NO: _____

Date of Action: _____

Arizona law allows you to ask the Division of Child Support Enforcement (DCSE) to do an administrative review if DCSE takes action against you. If you want to ask for an administrative review you must fill out this form and return it with a copy of the notice you received within the number of days stated on the notice to the address listed below. **YOU CANNOT REQUEST AN ADMINISTRATIVE REVIEW BY TELEPHONE.**

I Am Asking for an Administrative Review Because DCSE took the following action against me:

- | | |
|--|--|
| <input type="checkbox"/> Federal Tax Refund | <input type="checkbox"/> Real Property or MVD Lien |
| <input type="checkbox"/> State Tax Refund | <input type="checkbox"/> Lottery Winnings |
| <input type="checkbox"/> Unemployment Insurance Benefits | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Stop or Modify Income Withholding Order | <input type="checkbox"/> Federal Administrative Offset |
| <input type="checkbox"/> Credit Reporting | <input type="checkbox"/> Passport Denial |
| <input type="checkbox"/> Driver's/Professional License Suspension | <input type="checkbox"/> Income Withholding Order |
| <input type="checkbox"/> Limited Income Withholding Order | <input type="checkbox"/> Bank Account Seizure |
| <input type="checkbox"/> Transfer of Support Rights to Another Payee | |

Why I am Asking for an Administrative Review:

- ☐ This is a mistake in identity. (Proof must be attached)
- ☐ The child(ren) is/are emancipated, deceased or adopted. (Proof must be attached)
- ☐ I do not owe **any** past-due support. (Proof must be attached)
- ☐ My court order was changed, DCSE records do not show the changes. (Proof must be attached)

I have enclosed the following information to prove my claim:

- ☐ Canceled checks or receipt(s) for child support payments made directly to the other parent
- ☐ Signed/notarized statement(s) by the custodial person about direct payments
- ☐ Birth/Death/Marriage certificates
- ☐ Court order with a change to the amount of child support, a change of custody or an adoption
- ☐ School or Daycare record(s) showing that I have physical custody
- ☐ Other document(s) that will assist DCSE _____

Signature of Person Requesting Administrative Review

**SEND TO: DCSE-Administrative Review Unit
PO Box 40408
Phoenix, AZ 85067
FAX: (602) 274-6862**